

**Emergency Contact Information**  
**Non-Public School Students**  
**Wynantskill Union Free School District**  
**2020-21**

**School Attending:** \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Medical Concerns (asthma, allergies, etc.) \_\_\_\_\_

**Student's Primary Residence Information: Please fill out completely**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone (Mom) \_\_\_\_\_ Cell Phone (Dad) \_\_\_\_\_

Work Phone (Mom) \_\_\_\_\_ Work Phone (Dad) \_\_\_\_\_

**Emergency Contact Information:**

**1<sup>st</sup> Emergency Contact Information: Please fill out completely**

Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**2<sup>nd</sup> Emergency Contact Information: Please fill out completely**

Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Sibling Name(s):** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_